

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**I-VOTE Health of IASIS Healthcare Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Kirk Gorman**

Mailing Address 59 N Radnor Chester Rd

City State Zip Code  
 Radnor PA 19087

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Jefferson Health System

Occupation  
 IASIS BOD Member

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 15 2013

**Transaction ID : 4758105**

Amount of Each Receipt this Period

4000.00

Full Name (Last, First, Middle Initial)

**B. James Hoffman**

Mailing Address 9566 Hampton Reserve Dr

City State Zip Code  
 Brentwood TN 37027-8491

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 IASIS

Occupation  
 SVP-Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 15 2013

**Transaction ID : 4758106**

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Shelley Kolseth**

Mailing Address 3205 W Barcelona St

City State Zip Code  
 Tampa FL 33629-7101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 IASIS

Occupation  
 CFO Memorial Hospital of Tampa

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 15 2013

**Transaction ID : 4758108**

Amount of Each Receipt this Period

550.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

7050.00